



## Small Cities Development Program Housing Rehabilitation Application Instructions

**Step 1: Complete and sign the following enclosed forms:**

- Housing Rehabilitation Application
- Privacy Notice form
- Borrower's Certification for Release of Information form\*

**Step 2: Find the type of income you and your household members have or receive, and fill out the top 1/2 of the corresponding form(s):**

Type of Income:	Form to complete or submit:
Employment (wages or salary)	Verification of Employment (enclosed)
Assistance (public assistance, MFIP, AFDC, TANF, GA/Work Readiness, MSA, child support)	Verification of Assistance (enclosed)
Self Employment	Send copies of the past three (3) years of IRS Federal Tax forms, including all required schedules. Send a net worth statement (enclosed) for your business, signed by a third party.
Social Security	Verification of Social Security (enclosed), OR Copy of current year's award letter.
Child Support or Alimony	Verification of Assistance (enclosed), OR Copy of court award notice.
Pension, Annuity or Retirement	Verification of Pension & Annuity (enclosed)
Rental Property Income	Copy of IRS Federal Tax Schedule E, OR Written statement from tenant.

\*All persons in the household over the age of 18 must report income and sign the Borrower's Certification for Release of Information form.

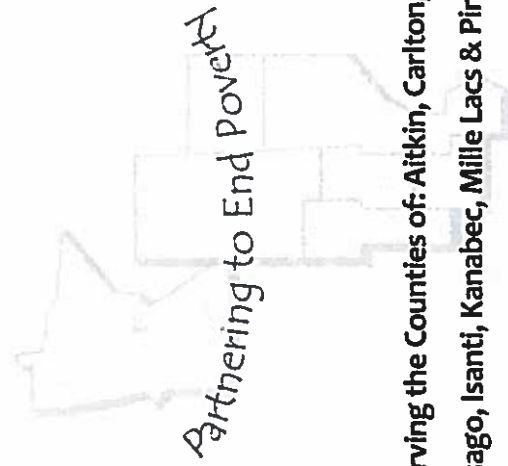
**Step 3: Gather the following documents:**

- Copy of the recorded Warranty Deed or Certificate of Title from the County Recorder
- Copy of your current property tax statement
- Copy of your current property insurance declarations page(s)
- Copy of most recent bank statement for all accounts & other assets
- Copy of most recent mortgage statement
- Copy of most recent municipal utility statement

**Step 4: Send all the paperwork from Steps 1-3 to Lakes & Pines Community Action Council, Inc. at the address below. Due to the large amount of interest in this program, you will have 45 days to send your application and supporting paperwork to us. Please contact us at 800-832-6082 if you have any questions or need assistance.**

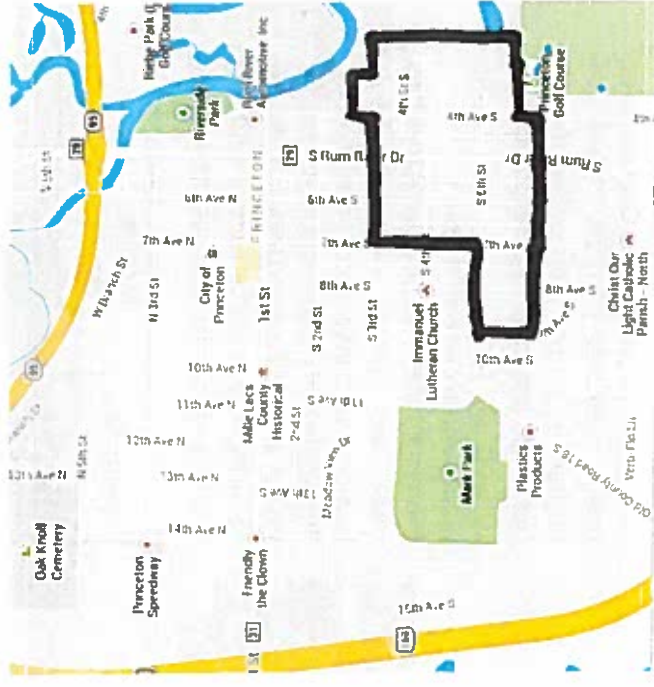
TL1ez7e@LEZLRE DIRECTORY\DEED SCDP\Housing Rehab\Housing Rtb Application Form\App Cover Ltr NEW.docx

**Lakes & Pines CAC Mission: To build prosperous communities by serving local families and individuals in their pursuit of self-reliance.**



**Serving the Counties of: Aitkin, Carlton, Chisago, Isanti, Kanabec, Mille Lacs & Pine**

Given our limited resources, consider volunteering. Volunteers help us reach more people. Visit our website: [www.lakesandpines.org](http://www.lakesandpines.org) or call 800.832.6082 to become a volunteer.



# City of Princeton Small Cities Development Program

Housing Rehabilitation



1700 Maple Avenue East  
Mora, MN 55051  
320.679.1800 or 800.832.6082  
Fax: 320.679.4139  
[www.lakesandpines.org](http://www.lakesandpines.org)



Grant preparation, submission and administration by Lakes & Pines CAC Inc on behalf of the City of Princeton

**City of Princeton Small Cities Development Program 2014-2016  
Owner Occupied Housing Rehabilitation Fact Sheet**

The City of Princeton received grant funds for homeowners interested in improving their homes from the Minnesota Department of Employment & Economic Development's (DEED's) Small Cities Development Program (SCDP) which is funded by the United States Department of Housing & Urban Development (HUD).

- The city would provide assistance to homeowners in the form of a 0% interest, 10-year loan.
  - Homeowners will be asked to match 10% of the total cost of improvements, but this is dependent on income level.
  - Homeowners unable to match the grant funds will not be turned away.
- The maximum SCDP loan available for owner occupied housing rehabilitation is \$23,000 per property. If the project is more than \$23,000; funding will have to be secured from another source (savings, bank loan, other grant program, etc.).
- The SCDP loan is only repaid if the property is sold; title is transferred, or conveyed within the 10 years of the term of the loan.
  - The obligation to repay the loan is reduced by one-tenth of the original loan amount after each year.
  - After 10 years, if the property is still owned & occupied by the borrower, the loan is forgiven and considered a grant.

**To qualify:**

- The home must be in the City of Princeton. *The target area of the City is shown by the map on the reverse side of this brochure.* If there is not enough interest after 15 months, the target area will open to the entire City. The home must be homesteaded (the applicant's primary residence), and need repairs.
- The applicant must own & be current on payments of the house, either by mortgage or recorded Contract for Deed or be free of debt. *\*if you are buying the property on a Contract for Deed, the holder of the contract must sign off on the loan, as well as the principal borrower/applicant.\**
- Property taxes and city municipal bills must be current and proof of homeowner's insurance is required.
- The applicant's household gross (before taxes) annual income (including Social Security, wages and all regular sources) must be within the limits listed below:

Family Size	Income Limits
1 person	\$34,000
2 persons	\$38,850
3 persons	\$43,700
4 persons	\$48,550
5 persons	\$52,450
6 persons	\$56,350
7 persons	\$60,250
8 persons	\$64,100

Licensed, insured contractors will be required to perform the rehabilitation work. Work completed prior to approval of an applicant or property will not be reimbursed. If the program is funded, approved applicants will have an inspection conducted of their property to determine what repairs are needed and qualify under this program.

Some of the eligible improvements under the SCDP and are prioritized in this order:

1. Repairs to address health & safety issues (smoke/CO detectors; plumbing, heating, electrical & lead hazard repairs)
2. Ramps, doors & bathroom accessibility conversions (grab rails, wider doors & entrance ramps)
3. Repairs to the structure & exterior envelope (foundation repairs, windows, doors, siding, roofing)

**Remodeling is not allowed.**

**What to do now:**

**Apply!** After an application has been submitted by a property owner and is approved by Lakes and Pines, the building will have an inspection conducted to determine what repairs are needed and qualify under this program. Once the scope of work is determined, the owner will seek bids from contractors of their choice. Licensed, insured contractors will be required to perform the rehabilitation work. Work that is started or completed without approval from Lakes & Pines will not be reimbursed or paid for with grant funds.

## WHAT TO EXPECT AND WHAT NOT TO EXPECT FROM THE REHABILITATION PROGRAM

### Step by step process:

*Applicant: Submits application & required information to program staff for processing.*

Program staff: Verifies income, assets and ownership information and will send an approval/denial letter to the applicant.

Program staff: Contacts the approved applicant to conduct an initial evaluation of the property.

Program staff: Discusses with the owner what items can be funded through the program and what items cannot.

Program staff: Prepares the scope of work & sends the scope of work to the State Historical Preservation Office and the applicant for review and acceptance.

*Applicant: Solicits bids from at least 3 licensed and insured contractor.*

Contractor: Sends bids directly to the program staff for review.

Program staff: Contacts the applicant to discuss the bids and to select a contractor & sends the contractor the contracts and bid award notice.

*Applicant: Meets with program staff to sign loan paperwork.*

Program staff: Gives permission to the contractor to begin work.

Contractor: Sets up a pre-construction meeting with program staff and applicant & bills program staff for work completed as outlined in the scope of work.

Program staff: Inspects work completed and issues contractor payments.

**The rehabilitation program staff will help applicants during the rehabilitation process, but applicants are responsible for making certain choices and doing the following items:**

- Applicants must provide the program staff with necessary information promptly.
- Applicants not the program staff, choose contractors to submit bids.
- Applicants not the program staff, select the contractor to do the work.
- Applicants sign Warranty Contracts with the selected contractor(s) to complete the work, not program staff.
- Applicants work with the contractors to settle disagreements during the job.
- Applicants AND the program staff must be satisfied with the work performed by the contractor.
- Applicants must contact contractors to ask them to correct problems covered by the Warranty Contract after work has been completed.

**Items to think about before participating in the rehabilitation program:**

- Not all the work that an applicant wants to be done can always be done because of program constraints and requirements.
- Repairs will be made to help correct health & safety problems, but they will not solve all problems.
- Do not expect the property to be completely "new" after work is done.
- When working with older structures and pre-existing conditions, it can be impossible to expect all floors, walls, ceilings, doors, windows, etc. to be completely plumb, level and square when work is done.
- It can be stressful living in a home while a contractor is performing repairs.
- Very few times in life is anyone completely satisfied with things they buy or have repaired, having a property repaired is no different.
- Buildings and homes always need improvements. It would be a good idea to save \$25/month to help cover the cost of future repairs and maintenance.
- The program staff is NOT the contractor and CAN NOT guarantee that the applicant will be satisfied with the work done by the contractor that the owner selects to perform the work. However, the program staff expect the work to be completed in a professional and workman-like manner.

**SMALL CITIES DEVELOPMENT PROGRAM  
HOUSING REHABILITATION APPLICATION**

FOR OFFICE USE ONLY			
HOUSEHOLD #	COUNTY	STATUS	REP.
PROGRAM #	AREA	DATE	

**PART I: APPLICANT INFORMATION**

APPLICANT LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF APPLICATION
CO-APPLICANT LAST NAME	FIRST NAME	MIDDLE INITIAL	
PROPERTY ADDRESS	CITY	STATE	ZIP
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE	ZIP
( )	( )	COUNTY	TOWNSHIP
PHONE NUMBER	DAYTIME PHONE NUMBER		

**PART II: INCOME INFORMATION**

PLEASE CHECK ALL THAT APPLY:

<input type="checkbox"/> SALARY/WAGES	<input type="checkbox"/> GAWORK READINESS	<input type="checkbox"/> RETIREMENT/PENSION
<input type="checkbox"/> ALIMONY/CHILD SUPPORT	<input type="checkbox"/> UNEMPLOYMENT COMPENSATION	<input type="checkbox"/> MSA
<input type="checkbox"/> SOCIAL SECURITY	<input type="checkbox"/> AFDC/TANF/MFIP	<input type="checkbox"/> INTEREST/OTHER
<input type="checkbox"/> SELF EMPLOYMENT	<input type="checkbox"/> SSI	<input type="checkbox"/> NO INCOME
<input type="checkbox"/> FOOD STAMPS	<input type="checkbox"/> VETERANS BENEFITS	<input type="checkbox"/> MEDICAL AID

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. HOW MANY PEOPLE ARE CURRENTLY LIVING IN YOUR HOUSEHOLD? \_\_\_\_\_
2. HOW MANY ARE ADULTS (18+YRS) \_\_\_\_\_ HOW MANY ARE CHILDREN (UNDER 18) \_\_\_\_\_
4. HOW MANY PEOPLE IN THE HOME ARE CURRENTLY EMPLOYED? \_\_\_\_\_
5. ESTIMATE YOUR HOUSEHOLD GROSS ANNUAL INCOME: \_\_\_\_\_
6. DO YOU ANTICIPATE ANY CHANGES IN YOUR INCOME NEXT YEAR? \_\_\_\_\_

**PART III. FAIR HOUSING/EQUAL OPPORTUNITY REPORTING**

THE FOLLOWING INFORMATION IS REQUESTED SOLELY FOR THE PURPOSE OF DETERMINING COMPLIANCE WITH FEDERAL LAWS. YOUR RESPONSE WILL NOT AFFECT THE CONSIDERATION OF YOUR APPLICATION. PLEASE CHECK ALL THAT APPLY.

<input type="checkbox"/> WHITE	<input type="checkbox"/> SENIOR CITIZEN
<input type="checkbox"/> BLACK/AFRICAN AMERICAN	<input type="checkbox"/> MARRIED
<input type="checkbox"/> ASIAN	<input type="checkbox"/> SINGLE
<input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE	<input type="checkbox"/> DIVORCED
<input type="checkbox"/> NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	<input type="checkbox"/> WIDOWED
<input type="checkbox"/> OTHER:(SPECIFY)	<input type="checkbox"/> DISABLED, PLEASE DESCRIBE:
<input type="checkbox"/> HISPANIC ETHNICITY	_____
	_____
	_____

**SMALL CITIES DEVELOPMENT PROGRAM  
HOUSING REHABILITATION APPLICATION**

**PART IV. HOUSEHOLD INFORMATION**

**CHECK ONE:**

<input type="checkbox"/> SINGLE PARENT (MALE)	<input type="checkbox"/> ADULTS WITH KIDS	<input type="checkbox"/> SINGLE
<input type="checkbox"/> SINGLE PARENT (FEMALE)	<input type="checkbox"/> ADULTS NO KIDS	<input type="checkbox"/> OTHER:(LIST) _____

**PLEASE LIST EACH MEMBER OF YOUR HOUSHOLD:**

	NAME	SOCIAL SECURITY #	DATE OF BIRTH	EDUCATION LEVEL	SEX
1					
2					
3					
4					
5					
6					
7					
8					

**PLEASE LIST ALL HOUSEHOLD MEMBERS THAT HAVE MEDICAL COVERAGE:**

**PLEASE LIST ALL HOUSEHOLD MEMBERS THAT HAVE INCOME AND THE TYPE OF INCOME THEY HAVE:**

**PART V. HOUSING INFORMATION**

**PLEASE CHECK ALL THAT APPLY:**

<input type="checkbox"/> SINGLE FAMILY HOME	<input type="checkbox"/> OWN FREE & CLEAR
<input type="checkbox"/> MANUFACTURED HOME	<input type="checkbox"/> BUYING WITH MORTGAGE
<input type="checkbox"/> MULTI-FAMILY HOME (DUPLEX)	<input type="checkbox"/> BUYING CONTRACT FOR DEED
<input type="checkbox"/> SINGLE-WIDE MOBILE HOME	<input type="checkbox"/> LIFE ESTATE

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1 YEAR HOME CONSTRUCTED: _____	4 NUMBER OF BEDROOMS: _____
2 YEAR WELL INSTALLED: _____	5 NUMBER OF BATHROOMS: _____
3 YEAR SEPTIC INSTALLED: _____	
6 ARE YOU CURRENT WITH YOUR PROPERTY TAXES?	YES <input type="checkbox"/> NO <input type="checkbox"/>
7 DO YOU HAVE HOMEOWNERS INSURANCE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
8 NAME OF INSURANCE COMPANY/AGENT: _____	
9 HOW LONG HAVE YOU OWNED THE PROPERTY? _____	
10 HOW LONG HAS THE PROPERTY BEEN YOUR RESIDENCE? _____	
11 IS YOUR PROPERTY LOCATED IN FLOOD PLAIN?	YES <input type="checkbox"/> NO <input type="checkbox"/>
12 DIRECTIONS TO YOUR HOME: _____	

**SMALL CITIES DEVELOPMENT PROGRAM  
HOUSING REHABILITATION APPLICATION**

**PART VI. ASSET VERIFICATION**

PLEASE LIST THE CASH VALUE OF ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS. IF MONEY IS OWED ON ANY ITEM, THE VALUE LISTED SHOULD EQUAL THE MARKET VALUE MINUS THE AMOUNT THAT IS OWED. SUBMIT PROOF OF ALL ASSETS LISTED WITH COPIES OF STATEMENTS WITH YOUR APPLICATION.

- |                                                                             |                 |
|-----------------------------------------------------------------------------|-----------------|
| 1 CASH ON HAND, IN CHECKING ACCCOUNTS OR SAVINGS ACCOUNTS                   | \$ _____        |
| 2 CASH VALUE OF SAVINGS BONDS, IRAs, 401k, STOCKS, CDs, ETC.                | \$ _____        |
| 3 REDEMPTION VALUE OF LIFE INSURANCE POLICIES                               | \$ _____        |
| 4 MARKET VALUE OF OTHER REAL ESTATE- NOT INLCUDING YOUR HOME                | \$ _____        |
| 5 PERSONAL PROPERTY (EXCLUDE HOUSEHOLD FURNISHINGS, CLOTHING & ONE VEHICLE) | \$ _____        |
| 6 OTHER (LAND, INHERITANCE, INSURANCE SETTLEMENTS, ETC.)                    | \$ _____        |
| <b>TOTAL</b>                                                                | <b>\$ _____</b> |

PLEASE LIST THE NAME AND ADDRESS OF THE INSTITUTIONS YOU HAVE ASSETS WITH:

For example, list the bank you have your checking or savings account with, and/or the institution you have a 401k, stocks, CDs with.

NAME OF INSTITUTION	ADDRESS	CITY	STATE	ZIP

**\*\*You may also include copies of statements you receive from the institutions.**

I (we) the undersigned, certify subject to penalty under law, that by signing this application, the information above is true and correct to best of my (our) knowledge. I (we) realize that giving false information will result in disqualifying from the program, and/or I (we) may be subject to a fine or imprisonment, or both, under provisions of the Minnesota Criminal Code, and/or I (we) may be required to return all or part of the rehabilitation funds to the entity in which they were borrowed from. I (we) hereby authorize Lakes & Pines Community Action Council, Inc. staff to enter my (our) home to identify work items necessary for the rehabilitation of my (our) home, to take photographs and to inspect work in progress while construction is occurring, during regular business hours. NOTE: The information requested in this application is legally required to determine if you qualify for participation in this rehabilitation program. A portion of the data is classified as "private data on individuals" under Minnesota Statutes 462.065. Use of data obtained is limited to the United States Department of Housing and Urban Development.

Your name, address and amount of assistance you receive is considered public data under the Minnesota Data Practices Act. The disclosure of your Social Security Number or Minnesota Tax Identification Number is mandatory for participation in this program, by virtue of the Minnesota Revenue Recapture Act of 1980 (Sections 270A.01-270A.12 of MN Statutes), as well as Section 270.66 of said Statutes. Supplying these numbers could result in the application of state tax refunds to the payment of any delinquent indebtedness to the entity lending the funds to us, resulting from this or other Small Cities Development Programs. These numbers may be made available to state tax authorities and state personnel involved in the collection of state obligations.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CO-APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**PLEASE CONTINUE TO THE NEXT PAGE FOR IMPORTANT INFORMATION**

SMALL CITIES DEVELOPMENT PROGRAM  
HOUSING REHABILITATION APPLICATION

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I/WE CERTIFY THAT I/WE HAVE RECEIVED INFORMATION ON THE FAIR HOUSING ACT AND THAT I/WE HAVE READ AND UNDERSTAND THE INFORMATION.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CO-APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

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I/WE CERTIFY THAT I/WE HAVE RECEIVED THE PUBLICATION "RENOVATE RIGHT: IMPORTANT LEAD HAZARD INFORMATION FOR FAMILIES, CHILD CARE PROVIDERS AND SCHOOLS" AND THAT I/WE HAVE READ AND UNDERSTAND THE POTENTIAL RISK OF LEAD HAZARD EXPOSURE FROM RENOVATION ACTIVITIES PERFORMED IN MY/OUR DWELLING AS PART OF THIS PROGRAM. I/WE RECEIVED THIS BEFORE WORK BEGAN.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CO-APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

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I/WE AUTHORIZE THE PHOTOGRAPHING OF MY PROPERTY. I UNDERSTAND THAT THE PHOTOGRAPHS WILL BE USED BY LAKES & PINES CAC, INC. OR ITS REPRESENTATIVE AS DOCUMENTATION OF PROPERTY CONDITIONS BEFORE REHABILITATION AND AFTER REHABILITATION. THE PHOTOGRAPHS MAY ALSO BE USED IN PRESENTATIONS OR IN OTHER MANNER FOR DEMONSTRATING VARIOUS STYLES AND SERVICES.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CO-APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

TIL AND NMLSR ID

Lakes & Pines Community Action Council Inc.

Loan Originator Company Name

1161367

Loan Originator Company NMLSR ID

\_\_\_\_\_  
Loan Originator Individual Name  
(as name appears on NMLSR)

\_\_\_\_\_  
Loan Originator Individual NMLSR ID (if applicable)





**Borrower's Certification and Authorization  
To Release Information**

**The undersigned certify the following:**

I/We have applied for a mortgage loan/grant funded by the Minnesota Department of Employment and Economic Development (DEED). In applying for the loan/grant, I/we completed an application containing a variety of information on the purpose of the loan, the amount and source of the down payment, employment and income verification, and asset and liability verification.

**Authorization to Release Information:**

To Whom It May Concern:

1. I/We have applied for mortgage loan/grant from the City of Princeton through DEED funding. As part of the application process, the City of Princeton and its administrator of the loan, Lakes & Pines CAC, Inc., may verify information contained in my/our loan/grant application and in other documents required in connection with the loan/grant, before the loan/grant is closed or as part of its quality control program.
2. I/We authorize you to provide the City of Princeton/Lakes & Pines CAC, Inc. any and all information they request. Such information may include, but is not limited to, employment income, bank money market, and similar account balance and copies of income tax returns.
3. The City of Princeton/Lakes & Pines CAC, Inc. may address this authorization to any party named in the loan/grant application.
4. A copy of this authorization may be accepted as an original.

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Borrower's Signature	Date	Social Security Number
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Borrower's Signature	Date	Social Security Number
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\* This release will expire 180 days from the date of signature.



## Small Cities Development Program

### **IMPORTANT PRIVACY NOTICE READ THIS BEFORE FILLING OUT THE APPLICATION**

We are asking that you provide the information on the application form to determine if you are eligible to participate in the rehabilitation program.

Your name, address and the amount of assistance you receive are considered public data under the Minnesota Data Practices Act. Other information that you provide to the housing rehabilitation program about you and your household is considered private data.

We will use your private data only when it is required for administration and management of the program. Persons or agencies with whom this information may be shared include:

- Staff and other persons involved in program administration
- Local loan committee members who approve applications
- Auditors Who perform required audits of this program
- Authorized personnel from the Minnesota Department of Employment and Economic Development or other local, state and federal agencies providing funding assistance for your loan
- Members of the local governing board for the purpose of addressing/resolving applicant complaints (as addressed in the project's policy and procedural manual)
- Those persons who you authorize to see it
- Law enforcement personnel in the case of suspected fraud or other enforcement authorities as required

We cannot release private data to anyone else or use the private data in any other way unless you give us permission by completing a consent form that we will provide. Please keep in mind, however, that data must be released if required by court order and in addition, your private data must be released if required by law that authorizes or requires such release of data.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Minnesota Law gives you important rights in regard to information maintained about you. These include:

- The right to see and obtain copies of the data maintained on you
- Be told the contents and meaning of the data
- Challenge the accuracy and completeness of the data

1700 Maple Avenue East • Mora, MN 55051-1227  
Office 320/679-1800 or 800-832-6082 • FAX 320/679-4139  
Special accommodations for people with disabilities upon request.

*Serving the counties of Aitkin, Carlton, Chisago, Isanti, Kanabec, Mille Lacs, and Pine  
An Equal Opportunity Employer/Contractor*

**Applicant: Just fill out the top portion, your employer will fill out the rest.**

**VERIFICATION OF  
EMPLOYMENT**

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip Code*

Employee Name: \_\_\_\_\_



The person named above has stated that he or she is now employed, or has been employed by your firm. Their signature on the attached form provides you with permission to release the requested information. This request for verification of employment and earnings is required to establish eligibility for participation in a housing improvement loan program. The information you provide will be private and only used in establishing eligibility for this household. If you have any questions or need assistance with this form please call 800-832-6082.

1. Is this person currently an employee? \_\_\_\_\_ Job position/title: \_\_\_\_\_
2. If not, is the situation temporary or permanent? \_\_\_\_\_
3. If the employee is seasonal or temporary, please give dates of lay-off periods: \_\_\_\_\_
4. Original hire date: \_\_\_\_\_ Termination date: \_\_\_\_\_
5. Current gross pay rate: \$ \_\_\_\_\_ per \_\_\_\_\_ Effective date of rate: \_\_\_\_\_
6. Average number of hours per week: *Straight time:* \_\_\_\_\_ *Overtime:* \_\_\_\_\_
7. Overtime rate: \$ \_\_\_\_\_ per \_\_\_\_\_
8. Expected change in gross pay rate: \$ \_\_\_\_\_ Effective date of rate change: \_\_\_\_\_
9. Amount of bonus, incentive pay, commissions or tips \$ \_\_\_\_\_ per \_\_\_\_\_
10. Does this person receive vacation with pay? \_\_\_\_\_ Sick leave with pay? \_\_\_\_\_
11. Amount deducted for health insurance: \$ \_\_\_\_\_ per \_\_\_\_\_ (*weekly, monthly, etc.*)

Name of person completing this form (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form in the envelope provided to:  
**Lakes & Pines Community Action Council, Inc.**

1700 Maple Avenue East - Mora, MN 55051-1227  
Office & TDD - 320.679.1800 - FAX 320.679.6863  
Special accommodations for people with disabilities upon request.  
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An Equal Opportunity Employer & Contractor

VERIFICATION OF  
SOCIAL SECURITY INCOME

**Applicant: Fill out only the top portion of this form.**

Name of Applicant: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Social Security Claim Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State, Zip Code

Phone: ( ) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_



The person named above has stated that he or she is now receiving Social Security, or has applied for Social Security. Their signature on the attached form provides you with permission to release the requested information. This request for verification of Social Security Income is required to establish eligibility for participation in a housing improvement loan program. The information you provide will be private and only used in establishing eligibility for this household. If you have any questions or need assistance with this form please call 800-832-6082.

***Social Security Administration, please provide the information below:***

The current gross monthly amount of the Social Security Benefit is: \$ \_\_\_\_\_

The amount deducted monthly for Medicare is: \$ \_\_\_\_\_

The net amount of the Social Security check each month is: \$ \_\_\_\_\_

The above amount became effective on: \_\_\_\_\_

Please indicate any anticipated changes to the amount over the next 12 months: \_\_\_\_\_

The SSA is unable to verify the requested information at this time because:

- Claim still pending
- No record based upon identifying information
- Other reasons given on the reverse side of this form

Please attach additional pages if needed.

Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Please return this form in the envelope provided to:  
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Applicant: Just fill out the top portion.



**VERIFICATION OF ASSISTANCE**

Name of Social Service Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Applicant Name: \_\_\_\_\_

The person named above has stated that he or she is now receiving financial assistance from your agency. Their signature on the attached form provides you with permission to release the requested information. This request for verification of assistance is required to establish eligibility for participation in a housing improvement loan program. The information you provide will be private and only used in establishing eligibility for this household. If you have any questions or need assistance with this form please call 800-832-6082.

1. Type of assistance provided: \_\_\_\_\_

2. Monthly amount: \$ \_\_\_\_\_

3. Amount of Child Support Bonus payment (if applicable): \$ \_\_\_\_\_

4. This payment is:  Regular  Sporadic

5. If it is sporadic, what was the total amount received for the past 12 months? \$ \_\_\_\_\_

6. Is the same amount likely to be received in the next 12 months?  Yes  No

7. Does the recipient receive any other income to the best of your knowledge?  Yes  No

If yes what is this source? \_\_\_\_\_

How much is received? \$ \_\_\_\_\_

Comments: \_\_\_\_\_

Name of person completing this form (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form in the envelope provided to:

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Special accommodations for people with disabilities upon request.

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An Equal Opportunity Employer & Contractor

Applicant: Fill out the top portion **ONLY**.



**VERIFICATION OF  
PENSION & ANNUITIES**

Name of Pension/Annuity: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

The person named above has stated that he or she receives pension/annuity income. We ask for your cooperation in supplying this information. This information will be used only to determine the eligibility status of the household for participation in a housing improvement loan program. There is a Borrowers Certification for Release of Information enclosed with this form. Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.

Name of recipient: \_\_\_\_\_

To be filled out by the Pension/Annuity personnel:

1. Current monthly gross amount of pension or annuity: \$ \_\_\_\_\_
2. Deductions from gross for medical insurance premiums: \$ \_\_\_\_\_
3. Date of initial award: \_\_\_\_\_
4. Effective date of current amount: \_\_\_\_\_
5. Contributions to company retirement/pension fund: \$ \_\_\_\_\_
6. Amount received in a lump sum: \$ \_\_\_\_\_

**WARNING:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

Person completing this form (*please print*): \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Please return this form in the enclosed envelope to:  
**Lakes & Pines Community Action Council, Inc.**

1700 Maple Avenue East - Mora, MN 55051-1227

Office & TDD - 320.679.1800 - FAX 320.679.6863

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## Marketing Authorization Form:

I \_\_\_\_\_  
(print name(s))

authorize Lakes & Pines Community Action Council, Inc. to use the pictures that are taken of my property before and after rehabilitation to share with either of the following agencies: the City of Princeton or the Princeton Economic Development Authority. The use of these pictures will be to market the Small Cities Development Program and the act of using grant funds for rehabilitation activities in order to promote the use of the funds.

\_\_\_\_\_  
Printed Name(s)

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Date

Would you like to be contacted at the end of the program regarding your experience, please check yes or no in the box below. You may be contacted by the City of Princeton or the Princeton Economic Development Authority.

- Yes, I would like to be contacted regarding my experience.
- No, please do not contact me.